Filed 03/06/2006

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ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES TREATMENT PLAN: INTENSIVE PSYCHIATRIC STABILIZATION UNIT (REVIEW)

| Treatment Plan Reviewed on: 6/14/0/ Treatment Plan Initiated on: 6/7/0/ Admitted to Unit on: 6/6/0/ |
|--|
| CUPPENT OF COMME |
| Problem #1 LOelucional Haughts. |
| Target Date for Resolution: 7/7/01 Status: Resolved No Change Modified Modified Modified Modified Modified Modified Modified Modified Modified No Change No Change No Change Modified Modified Modified Modified No Change Modified Modified |
| Staff Member(s) Responsible: Mitchell, Alassison, Bell, Frequency: daily |
| |
| Target Date for Resolution: 7/17/0/ Status: Resolved No Change Modified Modification: |
| Staff Member(s) Responsible: Mitchell, Bell, Hattison, Frequency: daily |
| Problem #3 (Mc 00) (Divate 100) |
| Problem #3 Mappreparate Selected behavior Target Date for Resolution: 7/7/0/ Status: Resolved No Change Modified Modified Modification: Improved. |
| Staff Member(s) Responsible: Metall, Harrison, Cos Frequency: daily |
| Comments: |
| Plan if inmate not stabilized within 30 days of admission: |
| Psychiatriet: Second Page attached: Yes D No D |
| Mental Health Nurse: 97 at Cuin Activities Tech: Activities Tech: W/A Treatment Coordinator: A. Mitchell, M. 5. Correctional Officer Present: Yes No Next Treatment Plan Review to be Conducted by: Date: 6/14/0/ |
| Wright, Bichard AIS# 187140 |

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT 54

| Treatment Plan Initiated on: 6/9/01 Treatment Coordinator: and Marie Marie Market M.S., MHP Institution: FCF Admitted to RTU on: 10/0/01 |
|---|
| DSM IV Diagnosis: Axis I: <u>& himpaffective</u> Dinarder |
| Axis II: PD · · · |
| Axis III: Pones Current |
| Axis IV: <u>Incarclation</u> , <u>noncompliance of medication</u> Axis V: <u>GAF = 50</u> |
| Problem #1 Inmate expresses delusional thoughts. |
| Goal: Inmate will be able to conserve with stoff for 30 minutes with our expressing delicional beliefs. Target Date for Resolution: 7/7/6) |
| Intervention(s): Medication per Dr. Bell; monitor compliance q |
| Staff Member(s) Responsible: Mitchell Bell, Harrison, Frequency: Jacky Pankart, RN3; LPN5, CD's |
| Goal: Inmate is Not compliant with medication. Goal: Inmate will demonstrate 90-100% medication compliance. |
| Target Date for Resolution: 2/2/3/ |
| Intervention(s): Individual Counseling focused on medication |
| Staff Member(s) Responsible: Mitchell Bell, Harison, Frequency: daily |
| Goal: Ormate engages in inapprepriate sexual behavior. Goal: Ormate will not engage in any inapprepriate sexual Target Date for Resolution: 2/2/0/ |
| Intervention(s): Individual counseling: Values Clarification; |
| Staff Member(s) Responsible: Mitchest, Harrison Frequency: daily |
| Psychiatrist: Mental Health Nurse: Montal Health Nurse: Mental Health Nurse: Montal |
| Inmate Name Wright, Richard AIS# 187140 |

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

ROUNDS CONTACT LOG: (circle all that applies) INF RTU SU

| DATE | PROBLEM IDENTIFIED YES/NO | IF YES LIST PROBLEM | PLAN OF ACTION/NOTES | STAFF NAME |
|------------------|---------------------------------|---------------------------|----------------------|---------------|
| 7/2/01 | No | | | (Mi) |
| 7/3/01 7/3/01 | MÔ | | | (Alle) |
| 7/5/01 | 10 | | | AN) |
| 7/6/01 | nî | | | Rrof |
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| | | | ju j | |

| DATE | TIME | NOTES | SIGNATURE |
|---------|------|---|-----------|
| 7/13/01 | S. | Pt seen on RTU. Says he is | |
| 7 7 | | Pt seen on RTU. Says he is "maintaining," and agrees that he has been doing well lately. No | |
| | | has been doing well lately. No | |
| | | | |
| | 0. | alert, oriented. Affect is constricted Denies any degression sy. no overt | , |
| | | Denies any depression sy. no overt | |
| | | distress. | 3 |
| | (). | axis I/II as above. | |
| | P. | Continue weekly monitaring. a. Tritahell, M.S., M. | |
| | | a. Fritchell, M.S., M. | 40 |
| | | | |
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| Patient';s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright, Richard | 187140 | 33 | B/m | KCF |

| DATE | TIME | | NOTES | | SIGNATURE |
|--------|-------------|-------------------------|---------------------------------|----------------|---|
| 7/6/01 | 5. | Pt seen on | South Hard Ite | repa | esto |
| , , | | that he is ife | eling "a little bit | "beta | ter |
| | | since taking | his shot. no co | mpl | aints |
| | | at this time. | | | |
| | <u> </u> | alest, oriented | Offect is still | const | ricted |
| | | | han it has been | | 171 |
| | | | also seemingly so | | roel. |
| | 0 | no significant | distress observe | (d.) | |
| | (1. | Chi T. OD | josffeetine Desiro | W | |
| | 0 | Chatiana 111 | able our part the ide | | |
| | <i></i> | Commune wee | bly monitoring. a. Mitchell, | M 5 | niil |
| | | | M. Marie C. | <i>711. 0.</i> | . , , , , , , , , , , , , , , , , , , , |
| 7-6-01 | | Pt. participes | tedin both pec | 400 | hecating o |
| | | | 10 RS 7-2-6-C | | |
| | | | | | |
| 7/13/0 | | Ot. Complains | s that necdoes r | 10t | |
| | | | to medication. | • | |
| | | _ 1 | fluctiates, forth | | |
| | | 7-9-01 tha | u 7-13-01 B.S | <u>ull</u> | OTTESACT. Tech. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| Patie | ent';s Name | , (Last, First, Middle) | AIS# | Age | R/S Facility |
| | Wr | ight, Richard | 187140 | 33 | B/M KCF |

| DATE | TIME | NOTES | SIGNATURE |
|---------------------------------------|---------------------------------------|--|-----------|
| 4/2/01 | S. | Pt seen on RTU where he was | |
| · · · · · · · · · · · · · · · · · · · | | moved this week. He say he is | |
| · | | doing well & Iras no complaints | , |
| | U. | alert, criented, Cheerfus. Getting | 7 |
| | | along well on 5w. no Swest distress | J . |
| | Ű. | age, I Schizooffective Do | |
| | | ayis TE PD 00 | |
| | F. | Continue weekly monitaring. | |
| | | U. Thitehell, M. S | |
| | · | | |
| . / / | | 10 pm (- 11 1 | |
| 4 <u>129 14</u> | 9, | 14 seen on RTU (Sw.) Ske does 1 | |
| | | seem to be doing as well as the to | |
| | | for his shot approaches. He is a | gain |
| NA. | | Complaining about the necessity | 1 8/ |
| | | taking macks. Well refer to the | Obell. |
| | <u>().</u> | West, guarded. Seems a little | |
| | | paranoid. Affect in Murtel. acres | ng |
| | () | other of witchcraft. | |
| | <u> </u> | Cinit I an alone | |
| | <i>P.</i> | Continues to mondon. Refle to A | 4. Bell |
| | ··· | Los medication management. | |
| | · · · · · · · · · · · · · · · · · · · | Continues to morison. Refer to & Lor medication maragement. a. Triteboll, M. | 9. |
| | | | |
| | | | |

| Patient';s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright, Richard | 187/40 | 33 | B/M | KCF |

| DATE | TIME | | NOTES | SIGNATURE |
|---|---------------|--|--|-----------------|
| 21 hus | ne 0 / | Of seen in | in Fla ut cell on | 12/1/2/ |
| V ., y. | | unit. Pt | regroup he is of | eco |
| | | well. | | |
| *************************************** | | Attent byft. | No unuml be | hacen |
| | | miliday yo | sive cleaning, | |
| | | Mis I: Su | hypollerfice spouls | <u></u> |
| | | Axi, It: Po | 0 // ' | |
| | | Confine care | | |
| | | thore to sw. | | |
| | | FJu & / We | uls | |
| | - | | | |
| | | | - 2/ m /1.1 D | |
| 22 70 | ne0/ | IT seem N | in the on su. Ho | 77 |
| | - | well | | |
| | | Affort ogy. | As above | |
| | | 1/Xis 1/11/2 | / | |
| | | Cartine can | | |
| | | 1/u - 100 | | |
| 6/201 | | | 2 in the contract of the contr | 4 - 10 |
| 6/29/01 | <u> </u> | Tt. farticipalea | Li rec. octivities only. To | Pet marea |
| | | much le sauce | tional ospect. X. pream- | Car. Creck. |
| 10-29-0 | 1 | D+ Hannet | participated in any | |
| 6-21-C |) \ | oduration of co | Mereational actinties Co-25 | -28201/11)/ to |
| | | | daying Ding Dongson bro | |
| 100 | | 1 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | the state of the s | 7 |
| Pat | tient';s Nami | e, (Last, First, Middle) | AIS# Age R/S | S Facility |
| | Wr | ight, Richard | 187140 33 8/ | |
| F-61 | | <i>(</i> / | | |

| DATE | TIME | NOTES | SIGNATURE |
|-------------|---------------|---|--|
| 6/12/01 | <i>5</i> . | Pt seen on su (Mental Health). Pt | |
| | | states that he continues to do well | <u>, </u> |
| | | has no complaints. | |
| | <i>U</i> . | Alert, ariented. Denies SI/HI, A/V hallus | inations. |
| | | affect is bright, smiling. Most is | |
| | 0 | reported to be "good." no overt dist | iess. |
| | А. | reported to be "good." no overt dist. axis I: Schrijoaffective Disorder | |
| | | (Mus II: PD | |
| | P. | Continue to monitor daily. Consider of | or |
| | | grasses in Sw. 18TU). | |
| | | a. Mitchell, M.S., MH | > |
| | | | |
| 6/19/01 | S. | Pt is doing "very well" by his separt, on Su (MH). He has been doing well | |
| | | on Su (MH). He has been doing well | le |
| | | on pource to RTU. No complaints except | <i>t</i> |
| | | on passes to RTU. No complaints except that he has mot get received his prope | sty from |
| | | Julier | |
| | (C). | (lett betented, smiling. Offect is brief | <u> </u> |
| | | and cheerful. no my sx reported no over | nt |
| | () | austress noted. | |
| | \mathcal{U} | agis I/I as abave. | |
| | P | Continue to monitar daily. a. mitchell, m.s., m. | |
| | | Cl. Mitchell Jm. S., m | P |
| | | | |
| | 1 | | |

| Patient';s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright, Richard | 187140 | 33 | B/m | KUF |

| DATE | TIME | NOTES | SIGNATURE |
|----------|------|--|-----------|
| 10/12/01 | 5. | It states that he is doing well + ha | <i>2</i> |
| / / ' | | no complaints. He has been complian | t |
| | | 5 med's since arriving @KCF. The has | |
| | | also been Rather meticulous about | |
| | | Legging In Cell Clean; so far, it a | oes |
| | | not seem that this Cleandiness is | <u> </u> |
| | | obsessive. | |
| | 0. | alert & arcinted. To behavior probles moted. Denies SI/HI & A/V hallucinate | ns |
| ··· | | noted Denies SI/HIE A/V hallucinate | ms _ |
| | | no overt dictress en evidence of de | lusions) |
| | | objerved. | |
| | (1. | axis I: Schippelective Devarder | |
| | | Axis II: PD | |
| | 1. | Continue to monitor daily. a. Intefell, M.S. | |
| ***** | | C. Interest, M.S. Link | |
| <u> </u> | | | |
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| Patient';s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright, Richard | 187140 | 33 | B/M | KCF |

| DATE | TIME | NOTES | SIGNATURE |
|---------------------------------------|---------|-------------------------------|--------------|
| 1 Jun | e 01 | It seen in Flor at cell on s | -/. |
| 0 | | Pt reports pe is doing, week | |
| | | Attest byt. Len confused. | 10 |
| | | unusul behavior. No manin | |
| | | a often psychopic signs, | |
| | | Axis Li Schyvafferfie disorda | · |
| | | PARIT H: PD | |
| | | O Corpine Care | 200 |
| | | 3 P/u = / week | |
| , | (| 3 F/u = / well | |
| | | | |
| 12/4 | ne 0/ | If seen in F/u of call on M | 4 |
| 10 Ju | | At report he is son well | , |
| | | Attent lult. Animotal. | |
| | | Axii P/t: In above | |
| | | 1) Confirme Care | |
| | | (2) Flut / week. | |
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| · · · · · · · · · · · · · · · · · · · | | | ., |
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| Patient';s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright, Richard | 187140 | 33 | B/m | KLF |

| DATE | TIME | NOTES | SIGNATURE |
|------------|-----------|--|-----------|
| 6/n/01 | \$. | Innate Kright was seen individually at | his |
| <i>J</i> / | | cell on su (P-1). He reports that he | |
| | | is doing well except for a rash on hi | 7 |
| | | penis (se was referred to an MD). | |
| | | Otherwise he has no complaints. | |
| | 0. | alert and appears oriented Salkatine | 2) |
| | | and polite. Denies hearing voices, ST | , |
| | | most are WNL. Offect and | |
| | 7 | | |
| | 101. | (1) I - Schingaffective D/O II - PD NOS | |
| | P | Continue to monitar daily Consider | |
| | | moving to MH and eventually to | |
| | | South Hard (RTU). | |
| | | a. mitchell, M.S., MH | <i></i> |
| | | | |
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| | | | |
| | | | |
| | | | |
| Doti | ent's Nam | ne, (Last, First, Middle) AIS# Age R/S | Facility |
| i | | | |
| u | irigr | 1+, Richard 187140 33 B/n | n KCF |

| DATE | TIME | NOTES | SIGNATURE |
|----------|------|---------------------------------|-----------|
| Flu | 201 | It seen at all on P-1 where | |
| 7-(1- | | A provilenal to youth day | _ |
| | - | from Roman of my sharp | M. |
| | | At now jays he well to | whe |
| | • | all prepuled modufin Ad | / |
| | | roports pe is "oh." | |
| | | Attest bright. Mood modes | |
| 1/1 | Emp | Imphoris No insight. | |
| non | | If XII I: Shypofferthe Personle | |
| 100 | (d) | MXI) II. PY | |
| Congres | | O Certine our | |
| | | 2) F/a = / week | |
| <u></u> | | | |
| | | | |
| 8 June | 201 | It seen in Plu at coll or | 7 |
| <i>/</i> | | P-1. It reports be is well | |
| | | Int feels " a little conformed | |
| | | Hitet byl. More sol a. | ny |
| | | long gappour. It guest. | <u> </u> |
| | | Axi III: As above Ontine one | |
| | | Cortine one | |
| | | phone to sw in MH | |
| | | Ffu - / week. | |
| | | | |
| | | | |

| Patient',s Name, (Last, First, Middle) | AIS# | Age | R/S | Facility |
|--|--------|-----|-----|----------|
| Wright Richard | 187140 | 33 | B/m | KUF |

Ms. Willis

I would like to talk to you about a Few mind bothering thoughts. Miss Gordon Call me to talk to her Friday but I really did not tell her anything. Thanks For your time add with LOVE.

Mr. Richard Wayne Wright Sr. AIS# 187140 Bed 1 Dorn 8

Mental Health P&P # 36
Page 5 of 8

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

| Reason for Referral (Presenting Problem): Pt upward from Bronzer became of the problem for the property of the presentation of th | Referred by: | PSYCHIATRIC EVALUATION |
|--|------------------------------|--|
| Reason for Referral (Presenting Problem): Pertinent Space from Bronzen became of between the proper frequency from Bronzen became of the property of the prop | | ution Mental Health Staff Medical Staff Out |
| Psychiatric History (infatient/outpatient/dates of treatment/medications prescribed): Psychiatric History (infatient/outpatient/dates of treatment/medications prescribed): At an infation to known member of prescribed: And prescribed to prescribed at program was completed at program was completed at program was completed at program of the wear many transportation protection and introduction of the was integer into its biggar collection protection indicates at the complete protection indicates and protection a | Reason for Referral (P | resenting Problem): |
| Institutional Adjustment (current placement): Por became of payable p | 1 Pt | referred from Drawing |
| Institutional Adjustment (current placement): Por became of payable senting History (inmate's sentence): Pertinent Personal/Family History (inmate's sentence): Por became of payable sentence): Institutional Adjustment (current placement): Page 1 of 2 Inmate Name, Wright Richard Page 1 of 2 Page 1 of 2 Page 1 of 2 Page 1 of 2 | magne | behavior me vecame of |
| Joseph John Learne of psychops disords Institutional Adjustment (current placement): Page 1 of 2 Joseph Name Wright Richard Joseph Name Alase Airhard Joseph Name Appendix Air | Psychiatric History (inc | Datient/outration/de Proclice To the |
| Joseph Months of he was marked in Control work on himself, and "preading the work" of admit to this of his of he would be this of he had insight into the bigger and institutional History allergies school. Pertinent Personal/Family History (inmate's sentence): When brown Institutional Adjustment (current placement): Poor because of psychops disorder Inmate Name, Night Richard Page 1 of 2 | ft par - | no human mentalions prescribed: |
| works on homself, and preading the word! It admits to this things admit to this things a should information indicates it comme of assessment at the property of the property o | Int presental | The state of the s |
| work on homself, and "preading the west" It of admits to this I have no insight into its briggen collaboral information indicates of comme of assert and attentional History More brown Substance Abuse History: More brown Pertinent Personal/Family History (inmate's sentence): When brown Institutional Adjustment (current placement): Poor became of psychola disorda Inmate Name Page 1 of 2 Als # | by officers 1 | hat he was marpulation |
| Substance Abuse History: None January Pertinent Personal/Family History (inmate's sentence): When January Institutional Adjustment (current placement): Poor became of psychopa disorda Page 1 of 2 Ais# A | | rely and preming the wan !" It |
| Pertinent Personal/Family History (inmate's sentence): When bound Pertinent Personal/Family History (inmate's sentence): When became of property discounts Institutional Adjustment (current placement): Poor became of property discounts Page 1 of 2 Als# | admus to | his than no invalt is !! |
| Pertinent Medical History Mary Name been reliberations. More promis Substance Abuse History: More brown Pertinent Personal/Family History (inmate's sentence): When brown Institutional Adjustment (current placement): Pror became of psychope disorda Inmate Name Page 1 of 2 Als# | Collaterel infor | notion indicates for |
| Substance Abuse History: None Sonown Pertinent Personal/Family History (inmate's sentence): Whoman Institutional Adjustment (current placement): Poor became of psychopa disorda Inmate Name, Page 1 of 2 Wright Richard AIS# | and atom for | C THURSE MAIN I |
| Pertinent Personal/Family History (inmate's sentence): When Institutional Adjustment (current placement): Poor became of psychoba disorda Page 1 of 2 Wright Richard Als # | To de lessen | dellergies te provi |
| Pertinent Personal/Family History (inmate's sentence): Whanne Institutional Adjustment (current placement): Poor became of psychoba disorda Page 1 of 2 Wright Richard Als # | 1 | |
| Pertinent Personal/Family History (inmate's sentence): Whanne Institutional Adjustment (current placement): Poor became of psychoba disorda Page 1 of 2 Wright Richard Als # | More | prour |
| Pertinent Personal/Family History (inmate's sentence): Whanne Institutional Adjustment (current placement): Poor became of psychoba disorda Page 1 of 2 Wright Richard Als # | | |
| Pertinent Personal/Family History (inmate's sentence): Whomm Institutional Adjustment (current placement): Poor became of psychopa disorda Page 1 of 2 Wright Richard Als # | Substance Abuse History | |
| Pertinent Personal/Family History (inmate's sentence): Whomm Institutional Adjustment (current placement): Poor became of psychopa disorda Page 1 of 2 Wright Richard Als # | 1/ | |
| Institutional Adjustment (current placement): Poor because of psychops disorder Inmate Name Page 1 of 2 AIS # | 18one | Burn |
| Institutional Adjustment (current placement): Poor because of psychops disorder Inmate Name Page 1 of 2 AIS # | Porting (P | |
| Institutional Adjustment (current placement): Poor because of psychops disorder Inmate Name Page 1 of 2 AIS # | Fertilient Personal/Family | History (inmate's sentence): |
| Institutional Adjustment (current placement): Poor became of psychopa disorda Inmate Name Wright Richard Als# | // | |
| Institutional Adjustment (current placement): Poor became of psychope disorda Inmate Name Wright Richard Als # | W | bunn |
| Poor became of psychops disorda Inmate Name Wright Richard Als# | | |
| Poor became of psychops disorda Inmate Name Wright Richard Als# | Institutional Adjustment (cu | urrent placement). |
| Page 1 of 2 AIS# | | |
| Page 1 of 2 AIS# | Po | or became |
| Page 1 of 2 AIS# | · | of psychope disorda |
| Wright Richard AIS# 187140 | Inmate Name | |
| 187/40 | Wright 1 | Rich and Page 1 of 2 |
| | 9.1 | 187140 |

Mental Health P&P # 36 Page 6 of 8

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES PSYCHIATRIC EVALUATION

| Mental Status Examination: | PSYCHIATRIC EV | ALUATION | |
|-------------------------------------|------------------------|------------------------|------------------|
| Appearance and Behavior: | ammentel | formed 4 | |
| Mood and Affect: | | enhore. | affect land |
| Speech and Language: | paperocho | é í | M. Day |
| Thought Process: | Taxoline | dolumons | harma sal |
| Thought Content and Percep | tions: | | The state of |
| Cognitive Assessment/Memo | ory: · wal | * | |
| Insight/Judgement | Poor | insight) | son judget |
| Sleep/Appetite: | wnl | | Jagar |
| Suicide/Violence Risk Assessmen | 4. | • | |
| Past Suicidal Ideation/Attemp | ts (dates and methods) | More | hom |
| Current Suicidal Ideation and | Behavior: | ; | |
| Past Violent/Assaultive Behav | ior: | n 14 | 4 |
| Current Violent/Assaultive Ide | às/Behavior: | Mour | assult affay fal |
| Diagnostic Impression | | | mon |
| Axis I: Schupe of | larting 1 | manda | |
| Axis II: | 10 | - posici | |
| Axis III: // me / | mour | | |
| Axis IV: | | | |
| Axis V: GAF 25 | 165 | | |
| Treatment Recommendations (inclu | ding medications/lab | | |
| Olnofixin - De | o. 2 | s ordered/special hous | sing) |
| | as me | i who p | 2 week |
| (d) Cogerfin 2 | in bo | 812 | • |
| Involuty | noolp | is if | hart |
| Mental Health Code: William | J'HARN' | market | |
| Psychiatric Follow-Up Required With | in: Days | HIST NONE | |
| | | | |
| Psychiatrist Signature | | | 1 |
| | | Date 7 | me of |
| Inmate Name | | / - | Page 2 of 2 |
| Wright, R. | ichard | AIS# | 17140 |
| V | | | |

Page 16 of 36
Page 16 of 42

Case 2:05-cv-00439-WHA-CSCBAMACDEPARTMENT OF CORTIONS

MENTAL DEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

| Institution: KCF |
|--|
| Inmate N. |
| NPIGNIT DOWN ON TAIGHT |
| 18 1 South |
| 197 BP 15% P 72 R 30 HT = 1 WT 10% |
| 2 OS (Ix Allergies:) JA |
| Past Modical III |
| D Seizures D D Kidney Disease |
| COPD Core Back Problems This Cancer CTB |
| Peripheral Vascular Disease D Other |
| © Walker © Crutches Assistive Devices |
| 11 (alasses out the same of th |
| ☐ Other: ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures |
| - Contact School |
| Major Illnesses / Accidents / Surgeries / etc. NONE |
| - |
| Current Medical Problems: NONE |
| Current Medical Problems: NONE |
| |
| Current Medications / Dosages: States he was taken aft Prolifin |
| sie sie was taken aff Prolition |
| Medication C- " |
| Medication Compliance: 100% 150% to 90% 110% to 40% |
| Sleep Pattern: Insomnia Apriling Asleep Difficulty Waking Up Other: |
| |
| |
| Appetite: N Good Fair Poor Appears Ada times a week |
| History of Failure to Eat / Hunger Strikes: No Yes Last Episode (explain) |
| Yes Last Episode (explain) |
| |
| Symptoms of First Psychiatric Event / Age of Onset: Chill Stores Ke's perfections |
| Symptoms of First Psychiatric Event / Age of Onset: |
| Stores Ke's person les 80 |
| |
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| Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance: |
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| History of Aggression / Acting Out Behavior: ☐ Yes 🏋 No |
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Case 2:05-cv-00439-WHA-CSC Document 139-5 Filed 03/06/2006 Page 17 of 42 MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment Highest Grade Completed: 12 quader Regular Classes ☐ Special Education Able to Read Able to Write ☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis Mental Status Age: Appears Stated Age ☐ Appears Younger ☐ Appears Older Dress/Grooming: □ Appropriate □ Marginal □ Disheveled □ Bizarre Posture: A Unremarkable □ Rigid □ Stooped Facial: □ Unremarkable ☐ Hostile □ Worried ☐ Tearful □ Sad Eyes: □ Unremarkable ☐ Glances Furtively □ Stares □ Poor Eye Contact Motor Activity: □ Increased □ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow □ Agitation □ Tremors ☐ Tics General Attitude/Behavior: ≰Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative □ Self-Destructive □ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile Mood / Affect: □ Flat C Depressed ☐ Euphoric ☐ Apathetic □ Fearful ☐ Labile ☐ Blunt ☐ Inappropriate ☐ Constricted Speech / Communication: ₩Normal ☐ Aphasia □ Slurred □ Rapid ☐ Mute ☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive Thought Content:

Suicidal Thoughts/Plans

Homicidal Thoughts/Plan
Antisocial Attitudes ☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity ☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others □ Suspiciousness ☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified Abstract Thinking: Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other_ Hallucinations: □ None ☐ Auditory □ Visual □ Olfactory ☐ Tactile Memory:
☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory Insight / Judgment: ☐ Unimpaired ☑ Poor Judgment ☑ Poor Insight ☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment Assessment Completed by:____ ADDITONAL COMMENTS IN ADMISSION PROGRESS NOTES Page 2 of 2

Inmate Name WRIGHT, RICHARD AIS# 187140

| sing (| Observations . | Date | 21 | 121 | 0.2 | 2 | 3 | i | 2 | 4 | | 2 | 5- | | 2 | 6 | | 2 | | | 2/ | 28 | |
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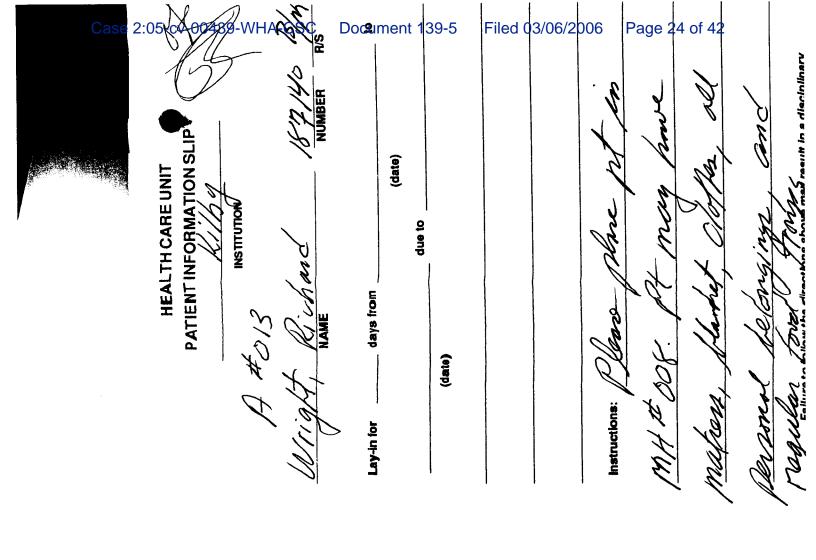
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Case 2:05-cv-00439 WHAYOBATIENTUASSESSMENT lied 03/06/2006 Page 22 of 42 DEPARTMENT OF CORRECTIONS

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| Ca | ase 2:05-cv $4 + 7 + 7 + 7$ OBST SLIP | 20-7_Date 4-15-6 | ange A Personal Problem H Of Other S | Lay about the equest 51% to you by you by how hy how hy hard w. Wright | Pay Phone Collect Call | |
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Naph Care

INMATE FOOD SERVICE WORKER CLEARANCE

| | • | |
|--|---------|----------|
| MEDICAL RECORD REVIEW: | | |
| Past history of hepatitis: | | ` |
| TB test current: | ! Yes | 1 (No |
| TB test negative: | | 1 No |
| TCI: | L'es) | i No |
| If history of positive TB test, venified completed treatment: | | (Date) |
| PHYSICAL ASSESSMENT: | | |
| | | |
| Open sores or rashes on hands, arms, face and neck: Has diarrhea: Has a cough: | ! Yes | No No |
| Lungs clear to auscultation: | ! Yes | NO. |
| Signs and symptoms of other contagious diseases: | Yes | > No |
| | Yes | (AVO. |
| Specify: Nose bleed when he gets hot | | |
| This inmate's Medical Passed I. | | |
| This inmate's Medical Record has been reviewed and he/she has been examined: | | |
| ! He/she IS medically cleared for duty as a food service worker. | | |
| ! He/she IS NOT medically cleared for duty as a food service worker. | | |
| Us ' P | | |
| Signature Rogers | 10/17/0 | 3 |
| orginatur C | Date 1 | |
| | | |

| - 11 | NAME: | | |
|------|--------------|------------------|--|
| - [] | | ID#/DOB: | The same of the sa |
| U | Mright Kinha | | LOCATION: |
| 12 | - January | 8/15/67 - 187140 | 10 - |
| | () / | | 11-5 |
| | | • | |

HEALTH EDUCATION

FOOD SERVICE WORKER GUIDELINES

HAIRNETS

- Put hairnet on before washing hands.
 - 2. Be sure to include all hair, especially bangs on the front of the head.
 - 3. Do not touch hair or hairnet when handling food.

HANDWASHING

- 1. Turn warm water on.
- 2. Wet hands.

₽

- 3. Lather hands with soap. Scrub at least 30 seconds.
- 4. Rinse off bar of soap. Replace in soap dish.
- 5. Rinse hands.
- 6. Dry hands with paper towels.
- 7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Inmate Signature

Page 28 of 42

10/17/03

Date

Gloria Roger

Nurse Signature

10/17/03

Date

Failure to follow the directions above may result in a disciplinary.

1 -16-B

DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

| DATE: 6,60 | 03 ORIG | INATING INSTI | TUTION/W(| ORK RELEA | ASE CENTE | Bu | :llock | |
|---|---|---------------------------|---|---------------------------------|------------------------------|--------|--------|----------------|
| DATE: 6/0/ REASON FOR 2 PROFILE | sza, | Lash | | | | | | |
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| | , | SHAVE | PROFILE I | NSTRUCTION | ONS | | | |
| Specific area of f Hair in the areas The type shave t Any corrections a If the shaving proand distributed a Designated copie | shown on the obe used is of file expires on automatically of file is to be expropriately. | e diagrams is no clipper. | t to exceed 23 e authoriza the date ind | 1/8". tion. icated, a nev | w Shave Prof | | | t be completed |
| | [| Warden | / DATE /_ DATE | _/ | | | | |
| Ma | Noon | | | A | Or Sid | dig m | Jack | ~ |
| NURSE'S ŠIGNATUR (Distributed By) | iE | | | | PHYSICIAN'S Authorization | | RÉ | |
| FULL NAME (Last, Fi | rst, Middle) | rd | | Date-of-Bi | | Age 35 | B/M | AIS# /87140 |
| ODICINAL DIL A | al la aluat | | | | | | • | |

ORIGINAL - Blue Medical Jacket YELLOW - Inmate

PINK - Warden

HEALTH CARE UNIT 8

INSTITUTION

2

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due to

(date)

ructions:

Failure to follow the directions above may result in a disciplinary.

1 - 0

DEPARTMENT OF CORRECTIONS SHAVE PROFILE ALITHORIZATION

| SHAVE PROFILE AUTHORIZATION |
|---|
| DATE: 04,02,03 ORIGINATING INSTITUTION/WORK RELEASE CENTER BULLOCK |
| PROFILE Payon Bumps |
| TREATMENT: Shaining Projul X60 days. |
| SHAVE PROFILE INSTRUCTIONS |
| R |
| Specific area of face or neck involved is to be identified on the above profiles by the physician. Hair in the areas shown on the diagrams is not to exceed 1/8". The type shave to be used is clipper. This shaving profile expires on Oo 102 103. Any corrections automatically cancel this profile authorization. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately. Designated copies of this Shaving Profile Authorization have been distributed to: |
| Warden//_ Inmate OF/O3/O3 DATE |
| NURSE'S SIGNATURE (Distributed By) (Distributed By) (Distributed By) (Distributed By) (Distributed By) |
| FULL NAME (Last, First, Middle) Date-of-Birth Age R/S AIS# 8/15/67 BM 187/40 |

ORIGINAL - Blue Medical Jacket YELLOW - Inmate

PINK - Warden

DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

| DATE: 01 /31 /03 ORIGINATING INSTITUTION/W | VORK RELEASE CENTER Bullock |
|--|--|
| PROFILE | |
| TREATMENT: Shawing Profile | X loo days |
| SHAVE PROFILE | INSTRUCTIONS |
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| Specific area of face or neck involved is to be identified of the control of the co | ation. dicated, a new Shave Profile Authorization must be completed |
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| NURSE'S SIGNATURE (Distributed By) | PHYSICIAN'S SIGNATURE (Authorization) |
| FULL NAME (Last, First, Middle) Whigh the chard | Dater of Birth Age R/S AIS# 15 67 1 187140 |
| ORIGINAL - Blue Medical Jacket | PINK - Warden |

YELLOW - Inmate

Case 2:05-cv-00439-WHA-CSC Document 139-5 Filed 03/06/2006 Page 35 of 42

Release of Responsibility

| Wright Zichand. | 11-19-03 |
|---|--|
| Name opinmate | Date |
| 187140 | |
| Inmate ID Number/Date of Birth | - |
| | |
| I hereby refuse to accept the following treatment / rec | Ommendations |
| 4, | |
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| | |
| | |
| and the risk(s) involved in refusing. I hereby release an | understand the above treatment(s) or recommendation(s) and agree to hold harmless NaphCare, Inc., its employees |
| and agents from all responsibility and ill effect which r | nay result from this action. |
| | |
| Wash Richard mate Signature | Joseph Fetratuck |
| · · · | Witness |
| | • · · · · · · · · · · · · · · · · · · · |
| rate / Time | |
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| he aforementioned inmate has refused the listed medic is form. | al treatment(s)/recommendation(s) and has refused to sign |
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DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

| DATE: 120,02 ORIGINATING INSTITUTION/WG | ORK RELEASE CENTER DULLOCK |
|---|---|
| PROFILE | |
| TREATMENT: CLIPPEL SMULY (C) | cdays |
| SHAVE PROFILE I | NSTRUCTIONS |
| 1. Specific area of face or neck involved is to be identified or 2. Hair in the areas shown on the diagrams is not to exceed 3. The type shave to be used is clipper. 4. This shaving profile expires on/\text{100} / \text{100} \text{100}. 5. Any corrections automatically cancel this profile authoriza 15 the shaving profile is to be extended beyond the date indicated and distributed appropriately. 7. Designated copies of this Shaving Profile Authorization has | tion. icated, a new Shave Profile Authorization must be completed |
| | 1 <u>C2</u> |
| NUBSE'S SIGNATURE (Distributed By) | PHYSICIAN'S SIGNATURE (Authorization) |
| FULL NAME (Last, First Middle) | Date-of-Birth Age 7/5 AIS# |

ORIGINAL Blue Medical Jacket YELLOW - Inmate

PINK - Warden

DEPARTMENT OF CORRECTIONS SHAVE PROFILE ALITHORIZATION

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| DATE: 9 /20/ @ ORIGINATING INSTITU | TIONWORK RELEASE CENTER DUCCUC |
| REASON FOR PROFILE |) |
| TREATMENT: Shalken Shalken | jle x Codays |
| SHAVE PI | ROFILE INSTRUCTIONS |
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| 3. The type shave to be used is clipper.4. This shaving profile expires on | 2, |
| 5. Any corrections automatically cancel this profile | |
| If the shaving profile is to be extended beyond the and distributed appropriately. | e date indicated, a new Shave Profile Authorization must be completed |
| Designated copies of this Shaving Profile Author | ization have been distributed to: |
| Warden | DATE COLORDATE |
| NURSE'S SIGNATURE (Distributed By) | PHYSICIAN'S SIGNATURE (Authorization) |
| FULL NAME (Last, First, Middle) | Date-of-Birth Age RVS AIS # |

ORIGINAL - Blue Medical Jacket

YELLOW - Inmate

Case 2:05-cv-00439-WHA-GARTMENTRECTE 300 Page 38 of 42 EMERGENCY/ Consolidate TREATMENT RECORD

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| NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE | JRE DATE | CONSULTATION |
| 1 2 1 8/15/13 MIN 8/18/18 | 7 | |
| PATIENT'S NAME (LAST, FIRST, MIDDLE) | AGE DATE OF | BIRTH R/S AIS# |
| | i I | |
| Wright Richard | . 10, 10 / | 15/67 BAN 187140 |

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MENTAL HEALTH SERVICES MOTICE OF INVOLUNTARY MEDICATION HEARING

| To: Inmate Krhard Wright AISF: 187140 | | | | | | |
|---|--|--|--|--|--|--|
| Date: 8/20/02 Institution: BCCF | | | | | | |
| From: De Hanner Involuntary Mediation Review Committee Chair | | | | | | |
| You are hereby notified that on 8/2/62 at 1 pm an Involuntary Medication Hearing will be held to determine whether or not you may be administered psychotropic medication against your will. | | | | | | |
| The hearing is being conducted because you have been diagnosed with a serious mental illness and you are considered to be at risk for: Serious harm to yourself Serious harm to others Serious property damage Being unable to perform such life-sustaining functions as eating and drinking. Serious deterioration in functioning | | | | | | |
| Medication has been offered to you but you have refused to accept it. The treatment team is recommending that the following medication(s) be involuntarily administered: | | | | | | |
| In this process you have the following rights: To be present at the hearing To have assistance from a staff advisor to explain the purpose of the hearing and to assist you in presenting objections to involuntary medication. The staff advisor may not be someone involved in your current treatment To be unmedicated the day of the hearing To present alternatives to involuntary medication at the hearing To present information and call witnesses to the hearing To question staff who are supporting involuntary medication To have a copy of the Involuntary Medication Review Committee's written decision To appeal the Involuntary Medication Review Committee decision, if the decision authorizes involuntary medication To have a staff advisor assist in a appeal | | | | | | |
| You may not have an attorney present at the hearing. | | | | | | |
| I have been given a copy of the notice of the Notice of Involuntary Medication Hearing. Many Andrew City Inmate Signature/Date Witness Signature/Date | | | | | | |

DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

| DATE: 06 / 19 / 02 ORIGINATING INSTITUTION/WORK RELEASE CENTER | |
|--|----------|
| REASON FOR Done | |
| PROFILE | |
| REATMENT: Slaving popie > 90 days 06-19/200 -> 09/19/200> | |
| SHAVE PROFILE INSTRUCTIONS | |
| | |
| Specific area of face or neck involved is to be identified on the above profiles by the physician. Hair in the areas shown on the diagrams is not to exceed 1/8". The type shave to be used is clipper. This shaving profile expires on 29/19/1> Any corrections automatically cancel this profile authorization. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be compand distributed appropriately. Designated copies of this Shaving Profile Authorization have been distributed to: | leted |
| Warden/ | |
| AR Cheen De Sucho / St L. Ch | <u> </u> |
| Distributed By) PHYSICIAN'S SIGNATURE (Authorization) | |
| FULL NAME (Last, First, Middle) Date-of-Birth Age R/S AIS# NAGGHT, Richari 08/15/1967 34 317 1871 | |
| RIGINAL - Blue Medical Jacket FI LOW - Inmate | 40 |

Case 2:05-cv-00439-WHA-CSC Document 139-5 Filed 03/06/2006 Page 41 of 42 Inmate Name Whigh, Richard ID # 187140 Date/Time Initialed ___ Note: Time in 15 min. increments Observer Time Comments-Date AN SPORKER A [13]02 1400 6/13/03 1605 in consorted in

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ntal Health Loserval. 7 Form

| Inmate Nam | ne Wrigh | it Richard ID#_ | 187140 Date/Time Initialed |
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